GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES
Tuesday, November 27, 2018
9:30 a.m. – 3:00 p.m.

Location: Department of Health Care Services (DHCS)
1700 K Street, 1st Floor Conference Room
Sacramento, CA 95814

Topic	Discussion
1) WELCOME/ INTRODUCTIONS	• The Global Medi-Cal Drug Use Review Board (the "Board") members and meeting attendees introduced themselves. • Board members present: Drs. Timothy Albertson, Chris Chan, Stan Leung, Johanna Liu, Janeen McBride, Robert Mowers, Yana Paulson, Randall Stafford, Marilyn Stebbins, Vic Walker, Andrew Wong, Iris Young, and Ramiro Zuniga. • Board members absent: Drs. Michael Blatt (attended the meeting via webinar), Lakshmi Dhanvanthari, and Jose Dryjanski. • DHCS staff present included Trudi Balestreri, MBA, Orlanda Bratlien, Pauline Chan, RPh, Marco Gonzales, PharmD, Raman Kaler, Paul Nguyen, PharmD, and Ivana Thompson, PharmD. Dorothy Uzoh, PharmD attended the meeting via webinar. • Representatives present from other Medi-Cal managed care plans (MCPs) attending in-person included Matthew Boga, MPH (Health Plan of San Joaquin), Matthew Garrett, PharmD (Health Plan of San Joaquin), Flora Siao, PharmD (California Health & Wellness), and Lynette Rey, PharmD (Partnership Health Plan of California). • Representatives present from other Medi-Cal managed care plans (MCPs) attending via webinar included Barrie Cheung, PharmD (Health Plan of San Mateo), An Dinh, PharmD (Inland Empire Health Plan), Kim Fillette, PharmD (Partnership Health Plan of California), Kris Gericke, PharmD (CalOptima), Lisa Ghotbi, PharmD (San Francisco Health Plan), Amit Khurana, PharmD (Aetna Better Health of California), Helen Lee, PharmD, MBA (Alameda Alliance for Health), Adam Horn, PharmD (CenCal Health), Ankit Shah, PharmD (UnitedHealthcare Community Plan of California, Inc.), Ming Shen, PharmD (Health Plan of San Mateo), and Mimosa Tran, PharmD (Molina Healthcare of California Partner Plan, Inc.).
2) CALL TO ORDER/ GUIDELINES	• The Chair of the Board, Dr. Andrew Wong, had notified DHCS and the Board that his flight was delayed and he would be arriving late. The Vice Chair, Dr. Randall Stafford, was absent as well, so the previous Chair, Dr. Robert Mowers, called the meeting to order. • Dr. Mowers stated that he is viewing a paper copy of the agenda and packet in order to follow the agenda and attachments being presented. He explained that any Board members using personal computing devices during the meeting are viewing the same materials provided to the public. This statement is required by Open Meeting rules. • Dr. Stafford, the Vice Chair, arrived and took over the meeting from Dr. Mowers. Dr. Stafford reviewed the general meeting guidelines and stated that everyone should have the mindset to be courteous, respectful, and open-minded.
3) PRESENTATION: REVIEW OF ROBERT'S	Ms. Chan reviewed Robert's Rules of Order, including a detailed description of the main motion process. Moving forward, the Board agreed to more closely follow Robert's Rules of Order during Board meetings.

RULES	

4) REVIEW AND APPROVAL OF PREVIOUS MINUTES FROM SEPTEMBER 18, 2018	The Board reviewed the minutes from the Board meeting held on September 18, 2018. Dr. Stebbins motioned that the minutes be approved. The motion was seconded. Ms. Chan pointed out one sentence in the minutes that she suggested be removed, as a result of discussions with Mr. Walker who said he had been misquoted. There was no further discussion. The Board voted to approve the minutes. **AYE:** Albertson, Chan, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Young **NAY:** None **ABSTAIN:** Mowers **ABSENT:** Blatt, Dhanvanthari, Dryjanski, Wong After Dr. Wong arrived at the Board meeting, he stated he had a few minor edits to the minutes and motioned to approve the minutes to include his edits. The motion was seconded. There was no discussion. The Board voted to approve the minutes with Dr. Wong's edits. **AYE:** Albertson, Chan, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young **NAY:** None **ABSTAIN:** None **ABSENT:** Blatt, Dhanvanthari, Dryjanski, Leung, Mowers **ACTION ITEM**: Incorporate Ms. Chan and Dr. Wong's edits into the September 18, 2018 minutes and post to the DUR website.

5) OLD BUSINESS	**a.** Review of Board Action Items from September 18, 2018: i. General meeting guidelines – approved; will now be included in new Board member training and posted at the beginning of each Board meeting ii. Automatic refill – to be discussed today iii. New process: review of educational bulletins – approved; the Chair will designate board members to review each new bulletin iv. New process: changing existing bulletins – approved; any proposed changes will be brought to the Board for review v. DUR Board priorities – to be discussed today vi. Educational outreach: additive toxicity alert – letters to be mailed January 2019 **b.** Recommended Action Items for MCPs from September 18, 2018: Ms. Chan presented the recommended action items for MCPs from the Board meeting held on September 18, 2018. **c.** Automatic Refill: Dr. Stafford asked Mr. Walker if he would like to make a motion regarding auto-refill. Mr. Walker motioned to recommend to DHCS that they adopt an automatic refill policy similar to Medicare's and recommend pharmacies get consent to authorize auto-refill with the patient or patient's representative on an annual basis. Motion seconded. Dr. Paulson asked if the second part was also being recommended as part of the motion. Mr. Walker stated yes, it adds a specific timeframe. Dr. Liu questioned if this motion would apply only to new prescriptions. Mr. Walker said yes but authorization would be obtained annually. Dr. Young asked if once patients are enrolled and give consent, would this apply to all prescriptions or is this per patient per prescription. The Board also asked if this policy should apply only to chronic medications or just certain classes of medications, and should it exclude controlled substances. Dr. Leung pointed out that there is no language regarding pharmacist review of medications prior to automatic refill. He asked if the pharmacist should review the profile to determine medications appropriate for automatic refill. He also wondered if there was a requirement to document consent and how this would take place. Dr. Stafford requested an amended motion and Dr. Zuniga motioned that the Board recommend DHCS adopt a policy requiring pharmacies to conduct and document an annual review by the pharmacist of the patient's profile, in order to determine which medications should be approved for automatic refill. Further, all medications should be considered

except for controlled substances. This motion was seconded. Mr. Walker stated that he didn't think the Board needed to be that specific in the recommendation to DHCS. Dr. McBride noted that DHCS may not think of all the nuances involved and thought this discussion might be helpful. Ms. Chan stated that from DHCS' point of view, recommendations from the Board on how the final policy will be formulated are welcome and appreciated. She stated that DHCS feels the most important function of automatic refill is to improve medication adherence and clinical outcomes. Ms. Chan stated that any reasonable specific details or additional suggestions on the automatic refill policy would be taken into consideration by DHCS before there is a final decision on the policy.

Dr. Stafford suggested that the Board put forward a recommendation they agree is reasonable and provide their input to DHCS. Dr. Leung stated that the goals of automatic refill should balance adherence with waste and would like to emphasize that a pharmacist review of medication regimen would be important in order to determine what should or should not be automatically refilled. Dr. Stebbins stated that pharmacies could conduct outreach to assess the role of automatic refill for individual medications on the patient's profile. Dr. Paulson suggested changing the wording from:

- "Pharmacies <u>may</u> perform patient outreach to initiate refills in attempts to improve medication adherence and clinical outcomes" to:
- "Pharmacies <u>must</u> perform patient outreach to conduct medication review and initiate refills in attempts to improve medication adherence and clinical outcomes at the medication level"

Dr. Leung asked if documentation should be required. Dr. Liu stated that the Board of Pharmacy already requires a review of each medication. Dr. Zuniga suggested changing wording to "at least annually" instead of "annually" to account for more frequent review that may be necessary for more dangerous drugs. Dr. Blatt (via webinar) asked for clarification if the responsibility would be at the pharmacy level or the pharmacist level. Dr. Liu stated she would not support any policy that changed the recommendations from "pharmacies" to "pharmacists."

Dr. Mowers motioned to postpone the discussion on automatic refill to a time certain. Dr. Stebbins seconded the motion and then stated she thinks the Board should resolve this today and that it could be discussed this afternoon. Mr. Walker volunteered to work on this during lunch, in order to revisit the topic in the afternoon session and not postpone until the next meeting. Dr. Stafford called for a vote on the motion to postpone until a time certain. The motion was defeated.

AYE: Mowers
NAY: Albertson, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Young
ABSTAIN: Chan
ABSENT: Blatt, Dhanvanthari, Dryjanski, Wong

Dr. Liu stated that it would be helpful to have the proposed language typed onscreen for the Board to review. Hannah Orozco, PharmD (Conduent) typed the edits to the screen, incorporating the Board's suggestions. Dr. Liu asked if there was any specific reason the Board would not just motion to follow Medicare policy on automatic refill. Dr. Stafford suggested she make a motion. Dr. Liu motioned that DHCS follow Medicare policy on automatic refills. The motion was seconded. There was no further discussion. The motion passed.

AYE: Chan, Leung, Liu, Paulson, Stebbins, Walker
NAY: McBride, Stafford, Young, Zuniga
ABSTAIN: Albertson, Mowers
ABSENT: Blatt, Dhanvanthari, Dryjanski, Wong

ACTION ITEM: The DUR Board recommendation that DHCS follow Medicare policy on automatic refills will be submitted to DHCS.

d. Global DUR Board Priorities: Dr. Stafford reviewed the Global Medi-Cal DUR Board priorities and the questions for consideration of each priority. He asked if anyone on the Board has a motion relative to these priorities. Dr. Albertson noted the Board should consider education, policy, and containment or risk management/risk mitigation. He stated there was no need to act on each cluster in exactly the same way. Dr. Stafford asked if anyone would like to motion for further clarification. Dr. Zuniga wondered if the Board should prioritize topics, as all topics cannot be addressed at the same time and suggested listing the four topic clusters in order of preference. He motioned for the Board to rank the four priorities. Motion seconded.

Ms. Chan stated that she worked with Dr. Wong to put together the handout given to each Board member where the DUR priorities have been put into the vital directions framework. She stated that these priorities fit in with emerging issues and reviewed each of the topics. Dr. Stebbins stated that perhaps we shouldn't rank by category, as there may be overlap for the types of activities and some we are already doing. Amanda Fingado, MPH (UCSF) stated that the original iteration of these priority slides included an instruction to vote within each cluster and Dr. Wong took that part out of the final draft of the slides. She reminded the Board that the vote at the May meeting showed each topic cluster as important, with each topic cluster receiving either six or seven votes. Dr. Stafford called a vote on the motion to prioritize the topic clusters. The motion carried.

AYE: Chan, Leung, Paulson, Stafford, Walker, Young, Zuniga
NAY: Liu, McBride, Stebbins
ABSTAIN: Albertson, Mowers
ABSENT: Blatt, Dhanvanthari, Dryjanski, Wong

Dr. Stafford asked if there was a motion on how to prioritize the topics. Dr. Albertson motioned that each member should get one vote, with the topic cluster receiving the highest number of votes getting highest priority. Motion was seconded. Motion carried.

AYE: Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Young, Zuniga
NAY: None
ABSTAIN: None
ABSENT: Blatt, Dhanvanthari, Dryjanski, Wong

Vote Tally: Which topic cluster should be the Board's top priority?

- Optimizing Drug Prescribing and Dispensing
  - 8 VOTES: Chan, Leung, McBride, Mowers, Paulson, Stebbins, Walker, Young
- Optimizing Pain Management and Opioids
  - 0 VOTES
- Optimizing Chronic Disease Management:
  - 2 VOTES: Liu, Stafford
- Optimizing Biologics, Specialty Drugs, and Cost-effective Care:
  - 2 VOTES: Albertson, Zuniga

Dr. Stebbins motioned to make the three subtopics listed under the "Optimizing Biologics, Specialty Drugs, and Cost-effective Care" topic cluster move to fall under the "Optimizing Drug Prescribing and Dispensing" topic cluster. Motion was seconded. Motion carried.

AYE: Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stebbins, Walker, Young, Zuniga
NAY: None
ABSTAIN: Stafford
ABSENT: Blatt, Dhanvanthari, Dryjanski, Wong

ACTION ITEM: The DUR Board recommendation to move the subtopics from "Optimizing Biologics, Specialty Drugs, and Cost-effective Care" to "Optimizing Drug Prescribing and

	Dispensing" will be submitted to DHCS. Dr. McBride proposed that we just look at super utilizers within the "Optimizing Drug Prescribing and Dispensing" topic cluster. There was some discussion on how best to define this group. Dr. McBride suggested following the literature. Dr. Paulson stated she thought this was too complicated for the discussion level here. Dr. Albertson didn't understand how this would apply to different disease states. Dr. Stafford stated that the Board could define super utilizers to help focus each topic and suggested that there may need to be different definitions, depending on the situation. Dr. Stebbins pointed out that we have pharmacy claims data, and may not see super utilizers in the hospital setting. Ms. Fingado agreed that pharmacy data is the most robust, and stated that any evaluation that requires using diagnostic criteria will be limited by only having the top two diagnostic codes available. Dr. Stafford called a vote on the motion to prioritize development of the definition of super utilizer. The motion was defeated. **AYE:** McBride, **NAY:** Albertson, Chan, Leung, Liu, Mowers, Paulson, Stebbins, Walker, Young, Zuniga **ABSTAIN:** None **ABSENT:** Blatt, Dhanvanthari, Dryjanski, Wong Dr. Zuniga motioned to remove the subtopic "Alternative Medicine (Pain Management) as Covered Benefits: Acupuncture" from the topic cluster, as acupuncture is already a covered benefit. Motion seconded. The motion was defeated. **AYE:** Walker, Zuniga **NAY:** McBride, Paulson, Stafford **ABSTAIN:** Albertson, Chan, Leung, Liu, Mowers, Stebbins, Young **ABSENT:** Blatt, Dhanvanthari, Dryjanski, Wong

6) NEW BUSINESS	**a.** Global DUR Board Activities i. Vice Chair Election: Ms. Fingado stated the current DUR bylaws do not specify details of the election process, and that the Board could have input on how future elections are conducted. Ms. Fingado shared that Open Meeting Act requirements must be followed, however, so the election must be held during a public meeting and there can be no secret ballots. Dr. Paulson motioned that each Board member must declare their interest in being Vice Chair in order to be considered for the position. Motion seconded. Motion carried. **AYE:** Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Young, Zuniga **NAY:** None **ABSTAIN:** None **ABSENT:** Blatt, Dhanvanthari, Dryjanski, Wong Dr. Wong arrived and took over facilitating the meeting from Dr. Stafford. Ms. Chan welcomed Dr. Wong and thanked him for filling in as Board Chair over the last year. She stated that it was important that the Board elect the Vice Chair at this meeting, in order to begin 2019 with both a Chair and Vice Chair. Drs. Albertson, Liu, and Paulson declared interest in being Vice Chair. Candidates gave brief oral statements describing their reasons for seeking this position. Dr. Albertson was elected Vice Chair for 2019. Ms. Chan stated that the terms of the elected officers would begin each year on January 1 following the election. ii. Discussion of Vice Chair Election Process Dr. Zuniga motioned that for future elections, each interested candidate should submit a brief statement of why the candidate is seeking the position by August 1. This timeline would allow candidate statements to be included in the Board meeting packet for the

third quarter meeting.
AYE: Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Young, Zuniga
NAY: None
ABSTAIN: None
ABSENT: Blatt, Dhanvanthari, Dryjanski

ACTION ITEM: The DUR Board recommendation to have candidates for the vice chair position submit a statement to DHCS by August 1 of the election year will be submitted to DHCS.

ACTION ITEM: The DUR Board recommendation to update the DUR bylaws to include a more detailed election process will be submitted to DHCS.

b. Presentation: Reimbursement Changes for Covered Outpatient Drugs for Fee-For-Service Medi-Cal Pharmacy Providers – Trudi Balestreri, MBA, PMP, a consultant within the Pharmacy Policy Branch at DHCS provided an overview of Medi-Cal fee-for-service pharmacy reimbursement methodology changes for covered outpatient drugs. She summarized a 2011 report from the Office of the Inspector General that found that the fundamentally flawed nature of average wholesale price (AWP) caused Medicaid to pay too much for drugs.

Ms. Balestreri described how the Centers for Medicare & Medicaid Services (CMS) developed the National Average Drug Acquisition Cost (NADAC) to be used for drug ingredient cost reimbursement. The NADAC replaces AWP-17% in the "lowest of" formula. When NADAC is not available, Wholesale Acquisition Cost (WAC)+0% will be used as the backup. She noted there is great variability by drug between NADAC and AWP-17% and that NADAC does not take into account any drug rebates. For professional dispensing fee reimbursement, the new methodology is two-tiered, and is based on total annual (Medi-Cal and non Medi-Cal) claim volume. Annual provider attestation is required, with a dispensing fee of $13.20/claim for < 90,000 prescriptions dispensed annually and a dispensing fee of $10.05/claim for those dispensing ≥ 90,000 prescriptions annually. California has not implemented these reimbursement changes yet.

An attendee asked if NADAC takes into account cost data for non-sterile and sterile compounds when determining pricing. Ms. Balestreri stated she did not know and would have to look into that issue more thoroughly.

c. Retrospective DUR

i. Review of Retrospective DUR Criteria: New Additions to the Medi-Cal List of Contract Drugs in FFY 2017

- Dr. Lynch reported that each month there are usually modifications made to the Medi-Cal List of Contract Drugs, including the addition of new drugs. A review of utilization patterns for these drugs is conducted each year in order to determine if there is a need for further evaluation of any of the drugs added to the Medi-Cal List of Contract Drugs during the 2017 Federal Fiscal Year. Dr. Lynch stated that during the Federal Fiscal Year 2017 (between 10/1/16 and 9/30/17), there were a total of 16 new prescription medications added to the Medi-Cal List of Contract Drugs. Utilization data (total number of paid claims and utilizing beneficiaries with at least one paid claim) were reviewed for each of these drugs during the period between 10/1/15 and 08/31/18 to allow at least 11 months of utilization data before and after the drug was added to the Medi-Cal List of Contract Drugs. Thirteen of the drugs had low utilization (< 20 utilizing beneficiaries during all of the months reviewed) and were not reported in detail. There were no comments or suggestions for additional evaluation.

ii. Review of Retrospective DUR Criteria: Hepatitis C Virus (HCV) Drugs

- Dr. Lynch reported that at the November 15, 2016, DUR Board meeting, the DUR Board recommended a review of HCV medication utilization on an annual basis, primarily to evaluate potential HCV reinfection and retreatment in the Medi-Cal FFS

population. Dr. Lynch presented updated data regarding the utilization of HCV medications among continuously-eligible Medi-Cal FFS beneficiaries that are 18 years of age and older and who have chronic HCV infection (dates of service between September 1, 2017 and August 31, 2018).

- Dr. Lynch reviewed the July 2018 DHCS policy for the treatment of HCV infection. Ms. Fingado stated that because the policy was so new the decision was made to include only Medi-Cal fee-for-service beneficiaries for this report. Ms. Fingado stated that at subsequent reviews data from both fee-for-service and managed care plans would be presented.
- Dr. Lynch reported a 32% decrease in total utilizing beneficiaries with a paid claim for an HCV treatment medication since the previous evaluation. However, after the July 2018 policy change a slight increase was noted in new starts (29.5 in July and August 2018, in comparison to 22.4 new starts in the preceding 10 months).
- Dr. Lynch shared that a review of drug utilization over time showed an increase in beneficiaries with paid claims for glecaprevir/pibrentasvir, which was added to the Medi-Cal Fee-for-Service List of Contract Drugs on January 1, 2018. Of note, there were no claims for ombitasvir/paritaprevir/ritonavir/dasabuvir or simeprevir during FFY 2018.
- Dr. Lynch also reported that the review of medical claims data found that all beneficiaries with a paid claim for an HCV treatment medication had at least one HCV-RNA level, HCV genotype test, and comprehensive metabolic panel, which follows AASLD-IDSA recommended guidelines. Further, thus far, all beneficiaries have not exceeded treatment duration limits for their particular regimen and there has yet to be any observed evidence of HCV retreatment.
- Given that pharmacy and medical claims data continue to show use of these drugs follows updated clinical guidelines, Dr. Lynch suggested that further action should be limited to annual review of HCV medication use.
- Dr. Stebbins agreed, and suggested repeating this review again in one year. Dr. Ghotbi (via webinar) suggested looking at: 1) treatment rates and 2) monitoring and reviewing those that have completed treatment. There was also discussion about looking at adherence rates for specialty pharmacy, as prior research has shown more robust adherence in the specialty pharmacy setting. There was no further discussion.

iii. Quarterly Report: 3Q2018 (July – September 2018) – Ms. Fingado presented the Medi-Cal fee-for-service quarterly DUR report for the 3rd quarter of 2018, which includes both prospective and retrospective DUR data. This quarterly report contains fee-for-service pharmacy utilization data presented in aggregate, and then stratified by Medi-Cal FFS enrollees only and by Medi-Cal managed care plan (MCP) enrollees only. This report includes all carved-out drugs processed through the FFS program. Ms. Fingado also pointed out that each year in the Q3 report the annual utilization summary of drugs (by sourcing status) that will be included in the annual report is presented. In addition, for reference, the Q3 report contains the top 10 drugs in each source code category, by total utilizing beneficiaries. Ms. Fingado stated that source status is determined through National Drug Code (NDC) and across all three categories the top NDC codes by total utilizing beneficiaries in the Federal fiscal year 2018 (FFY 2018) were almost identical to the previous year (FFY 2017).

iv. Review of FFS Physician Administered Drugs (PADs): 2Q2018 (April – June 2018) – Ms. Fingado showed the Board a summary of paid claims for physician-administered drugs paid through the Medi-Cal FFS program with dates of services between April 1, 2018, and June 30, 2018. These data were presented in three tables: 1) the top 20 drugs by utilizing beneficiaries, 2) the top 20 drugs by total reimbursement paid, and 3) the top 20 drugs by reimbursement paid per utilizing beneficiary.

v. Discussion: DUR Data Reports – Ms. Fingado presented a summary of the current data report timeframe, which includes all template reports the board receives at each meeting and does not include ad-hoc analyses. Ms. Fingado stated that the Board seems to have different data reporting needs now due to the expansion of the Board to

include managed care plan representatives and the ability to now access data through MIS/DSS. Ms. Fingado suggested replacing quarterly physician-administered drug reports with two annual reports: one FFS only, one with FFS and MCP data. In addition, she proposed the addition of an annual review of the entire Medi-Cal pharmacy claims data and an expanded annual FFS pharmacy utilization report that would include comparative data and data trends beyond what is required by CMS.

Dr. Walker suggested that reports that use NDC are not useful. Dr. Albertson agreed the NDC table is not as useful as the other tables at the drug level. Ms. Fingado stated she would revise this in future tables. Dr. Ghotbi (via webinar) stated it would be helpful to look at all Medi-Cal pharmacy utilization data on a quarterly basis even if isome of the data would be delayed. Ms. Fingado asked if the Board would be OK with a report two quarters delayed (at first). She stated this reporting timeline could be revised when more is known about the completeness of the data in that report. She stated she could present the Q2 2018 data at the next Board meeting in February.

A motion was made to accept the proposed recommendations on data reports, with the addition of a quarterly pharmacy utilization report for all of Medi-Cal. Motion was seconded. Motion carried.

AYE: Albertson, Chan, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young, Zuniga
NAY: None
ABSTAIN: None
ABSENT: Blatt, Dhanvanthari, Dryjanski, Leung, Mowers

ACTION ITEM: The DUR Board recommendation that the standard data reports provided at each DUR Board meeting will be modified from the current structure will be submitted to DHCS.

Dr. Chan said he would like to see more data regarding the drugs going through *Treatment Authorization Review* (TAR). He noted the annual report to CMS only asks for the top 10 drugs and he would like to see the top 30 drugs that go through the TAR system, including their outcomes. Ms. Fingado stated that she has no access to TAR data and the data from that table comes via an annual request to the TAR office. Dr. Thompson said she might be able to help out with an updated request looking at more drugs than just the top 10.

Dr. Ghotbi (via webinar) stated she was worried that we haven't maximized the data we currently have access to and doesn't want to complicate things by adding in request for new data.

Dr. Chan said he was most interested in the type of drugs going through the TAR system and their approval/denial rate. He would like to know how many of the approved TARs are for new drugs and also to identify trends for new drugs entering the market. Dr. Chan motioned to request adjudication data from the Treatment Authorization Request (TAR) office on the top 30 drugs by total number of applications. Motion was seconded. Motion carried.

AYE: Albertson, Chan, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young, Zuniga
NAY: None
ABSTAIN: None
ABSENT: Blatt, Dhanvanthari, Dryjanski, Leung, Mowers

ACTION ITEM: The DUR Board request for adjudication data from the Treatment Authorization Request (TAR) office on the top 30 drugs by total number of applications will be submitted to DHCS.

d. Review of DUR Publications presented by Dr. Lynch

i. Alert (September 2018): CURES Requirements – Dr. Lynch let the Board know that the DUR educational alert entitled, "Alert: Mandatory Use of CURES 2.0 Begins October 2,

2018 published in September 2018.

ii. Bulletin (September 2018): Immunization Update – Dr. Lynch let the Board know that the DUR educational bulletin entitled, "2018 Immunization Updates: Flu, Tdap, HepB, Zoster, MMR, Adult Vaccines published in September 2018.

iii. Discussion/Recommendations for Future Educational Bulletins – The calendar for future DUR educational bulletins was reviewed. Dr. Lynch reported that an educational bulletin reviewing latent tuberculosis infection (LTBI), including updates to recommended treatment regimen, is in progress.

e. Prospective DUR: Fee-for-Service

i. Review of DUR Alerts for New GCNs in 3Q2018 (July – September 2018): At each Board meeting, a list of new GCN additions with prospective DUR alerts turned on other than DD, ER, and PG are provided to the Board for review. At this meeting, the Board reviewed the alert profiles of the following GCNs:

- GCN #078588: ARIPIPRAZOLE LAUROXIL,SUBMICR. – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078660: BUTALBITAL/ACETAMINOPHEN – Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD)
- GCN #078617: CELECOXIB/CAPSAI/M-SAL/MENTHOL – High Dose (HD), Low Dose (LD)
- GCN #078957: CHLORPHENIRAMINE/PE/CODEINE – Additive Toxicity (AT), Drug-Age (PA)
- GCN #077819: DARUNAVIR/COB/EMTRI/TENOF ALAF – Ingredient Duplication (ID)
- GCNs #078611 and #078619: DICLOFEN SOD/CAPSAI/M-SAL/MENT – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078630: DICLOFEN SODIUM – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078775: DICLOFENAC/LIDOCAINE/TAPE – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078822: DORAVIRINE/LAMIVU/TENOFOV DISO – Ingredient Duplication (ID)
- GCN #078644: GABAPENTIN – Drug Allergy (DA), Late Refill (LR), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078838: HYDROMORPHONE HCL IN WATER/PF – Additive Toxicity (AT)
- GCNs #078551 and #078549: HYDROMORPHONE HCL/PF – Additive Toxicity (AT)
- GCN #078616: IBUPROFEN/CAPSAI/M-SAL/MENTHOL– Drug Allergy (DA), High Dose (HD), Low Dose (LD)
- GCNs #078119, #078120, #078121, and #078122: METOPROLOL SUCCINATE – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), High Dose (HD), Low Dose (LD)
- GCN #078565: MIDAZOLAM/KETAMINE/ONDANSETRON – Additive Toxicity (AT)
- GCN #078811: MORPHINE SULFATE IN 0.9% NACL – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078814: NIFEDIPINE, MICRONIZED – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), High Dose (HD), Low Dose (LD)
- GCNs #078604 and #078605: PIMAVANSERIN TARTRATE – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), Additive Toxicity (AT), High Dose (HD), Low Dose (LD)
- GCN #078821: POTASSIUM CHLORIDE IN WATER – Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCNs #078740 and 078741: RISPERIDONE – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

- GCNs #078895 and #078896 SOD,POT CHLOR/SOD CIT/RICE SYR – Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

There were no questions or objections to these alert profile recommendations. There was no further discussion.

ii. Therapeutic Duplication (TD) Alert – Ms. Fingado summarized an issue discovered within the Medi-Cal prospective DUR system in which turning off the ingredient duplication (ID) alert for a drug will now trigger a therapeutic duplication (TD) alert, unless the TD alert is also turned off for a specific drug. This is due to the Duplicate Therapy Module™ combining ID and TD alerts into one single alert. The issue was discovered when investigating why there were so many TD alerts being generated for quetiapine. The ID alert for quetiapine had been turned off by the Board and so all the ID alerts that had been generated by two formulations of quetiapine were now triggering TD alerts instead. The same problem was observed with lithium, which had the ID alert turned off for all non-300 mg formulations. A fix is not available at this time, so the solution proposed was for:

- Quetiapine – turn ID alert back on for all formulations, so as to distinguish between true therapeutic duplication with other antipsychotic medications and not have it combined with two formulations of quetiapine.
- Lithium – since the TD alert for lithium does not currently have any other drugs, it can be turned off for non-300 mg formulations without issue.

There were no questions or objections to these alert profile recommendations. There was no further discussion.

f. DUR Educational Outreach to Providers: Fee-for-Service

i. Update: MEDD 2018 – Ms. Fingado provided an update to the morphine equivalent daily dose (MEDD) letter, which was a repeat of a mailing done in 2016. The letter had been approved and was ready to be mailed and then a review was done of the accompanying article that found the MEDD bulletin from September 2015 needs to be significantly updated in order to give providers the best and most current information available. For example, all links to MEDD calculators and apps were broken, the pain guidelines have been revised, and the listed MEDD thresholds are now less than what is being reported from most agencies.

Ms. Fingado noted that the Board wanted to review any updates to existing articles and asked for a volunteer to review the final draft of the bulletin before it is submitted.

Dr. Albertson volunteered to review the updated bulletin. There was no further discussion.

g. Pharmacy Update presented by Pauline Chan

i. Prescription Drug Overdose Prevention Initiative – Ms. Chan described the statewide overarching strategy for the initiative, which includes safe prescribing, access to treatment, naloxone distribution, a public education campaign, and data informed and driven interventions. Ms. Chan stated that the goals of the initiative include increasing the number of active buprenorphine prescribers, increasing the number of naloxone claims, decreasing all-cause overdose mortality, reducing the concomitant use of benzodiazepines and opioids, and reducing opioid claims > 90 mg MEDD.

ii. Smart Care California – Ms. Chan summarized results from a survey conducted by Smart Care California, a public-private partnership working to promote safe, affordable health care in California. The survey found that among Medi-Cal plans progress was made among all four priorities identified to curb the opioid epidemic. The four priority areas included:

1) Prevent new starts
2) Manage pain safely

	3) Treat addiction 4) Stop deaths The highest % with an action plan in place were: o Co-prescribing of naloxone (75.0%) o Buprenorphine waiver training (68.8%) o Naloxone member education (62.5%) o Implement quantity limits (50.0%) o Primary care addiction treatment (43.8%) iii. Naloxone – Ms. Chan shared naloxone resources that are available from the California State Board of Pharmacy, including a no-cost webinar that fulfills the training requirement for pharmacists to furnish naloxone to patients without a prescription and a revised training guide, "Opioid Safety: Focus on Furnishing Naloxone – A Guide for California Community Pharmacists." iv. Drug Takeback Services – Ms. Chan reported that drug take backs are available for consumers to safely dispose unwanted or expired prescription drugs. Drug take back pharmacies are registered with the California State Board of Pharmacy and provide on-site collection bins and envelopes for mailing back medications. v. Six Building Blocks – Ms. Chan shared materials from a collaboration between the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control & Prevention (CDC), and Washington State Department of Health that identifies six key work areas for redesigning and improving clinic management of patients who are on chronic opioid therapy. The Six Building Blocks are designed to provide a framework for a team-based approach to improving opioid management in primary care. vi. Million Hearts 2022 – Ms. Chan provided a link to research reports provided by Million Hearts 2022, including a report on state-variation and news article. Million Hearts 2022 aims to achieve an 80% or greater performance of the ABCS (appropriate aspirin use, blood pressure control, cholesterol control, and smoking cessation) and at least a 20% reduction in physical inactivity, tobacco use, and sodium consumption. vii. Medi-Cal at a Glance – Ms. Chan provided a link to the most recent Medi-Cal at a Glance report, which provides information on the Medi-Cal population, including delivery system, gender, age, aid categories, race/ethnicity, and primary language. viii. CMS DUR Annual Report 2018 – Ms. Chan provided a link to CMS-R-153, which includes the final FFY 2018 annual report to CMS for managed care plans. As a reminder, the FFY 2018 report covers the period of 10/1/17 to 9/30/18 and the executive summary for each plan will be presented to the Global DUR Board in May 2019. The report is due to CMS on June 30, 2019. Dr. Ghotbi (via webinar) asked if plans should be using the template on the CMS site or the one found via the CMS-R-153 link. Dr. Thompson stated that the contract managers for the managed care plans should have sent out a communication with a draft template in a .zip file on how to prepare for the annual report. Dr. Thompson said communication should have gone out to the plan contact, but if plan contacts have not heard anything, to please let Dr. Thompson know. **h.** Recap of today's action items – Ms. Chan reported that today's action items for managed care health plans would be distributed as soon as possible. **i.** Looking ahead: Call for future meeting agenda – Ms. Chan requested future meeting agenda items to be shared with her on an ongoing basis.
7) PUBLIC COMMENTS	• Nathan Langley from Safer Lock reported that Assembly Bill 2859, which requires pharmacies to carry medication locking devices by 2019 to prevent opioid abuse, was

	approved by Governor Brown on August 28, 2018. Mr. Langley wanted to make sure the Board was aware that Safer Lock is a locking device that fulfills the legislative requirements of Assembly Bill 2859.
8) CONSENT AGENDA	• The next Board meeting will be held from 9:30 a.m. to 3:00 p.m. on February 26, 2019, in the DHCS 1st Floor Conference Room located at 1700 K Street, Sacramento, CA 95814.
9) ADJOURNMENT	• The meeting was adjourned at 2:58 p.m.

Action Items	**Ownership**
Incorporate Ms. Chan and Dr. Wong's edits into the September 18, 2018 minutes and post to the DUR website.	Amanda
The DUR Board recommendation that DHCS follow Medicare policy on automatic refills will be submitted to DHCS.	Pauline
The DUR Board recommendation to move the subtopics from "Optimizing Biologics, Specialty Drugs, and Cost-effective Care" to "Optimizing Drug Prescribing and Dispensing" will be submitted to DHCS.	Amanda
The DUR Board recommendation to update the DUR bylaws to include a more detailed election process will be submitted to DHCS.	Amanda/Pauline
The DUR Board recommendation to have candidates for the vice chair position submit a statement to DHCS by August 1 of the election year will be submitted to DHCS.	Amanda/Pauline
The DUR Board recommendation that the standard data reports provided at each DUR Board meeting will be modified from the current structure will be submitted to DHCS.	Amanda
The DUR Board request for adjudication data from the Treatment Authorization Request (TAR) office on the top 30 drugs by total number of applications will be submitted to DHCS.	Ivana